

Attachment 1

In order to make the Draft Design Assessment for USAID/Zambia SO7's planned Associate Award under the Health Communications Partnership (HCP) available to applicants responding to this RFA, the date for receipt of applications was revised from March 4, 2004 to March 15, 2004. The HCP Draft Design Assessment will be posted by March 8, 2004 on the USAID/Zambia website under the reference documents for this RFA.

II Responses to questions from the Request for Applications (RFA):

A1. Page D 2, the first paragraph states "program will also collaborate with Mission's community initiative." Is this initiative already in existence, or does this refer to one of the other RFAs? If it is in existence, who is leading this initiative?

A1. The Mission is currently developing an Associate award under the Health Communication Partnership for work in community empowerment and communications (IR1). HCP is a Leader with Associate consortium led by the Johns Hopkins University Center for Communication Programs. Other partners include Save the Children/US, Academy for Educational Development, International HIV/AIDS Alliance, and Tulane University. A draft design assessment for this activity will be made available to potential applicants on USAID/Zambia's website by March 8th. Please also refer to the USAID/Zambia Country Strategic Plan (on the USAID/Zambia website) for further elaboration on this part of the program.

Q2. Page D 2, the fourth paragraph mentions "linkages with the Mission's community and communication agreement." Is this agreement already in existence, or is it referring to one of the other RFAs? If it is in existence, who is implementing this agreement?

A2. No, the agreement is not yet in existence. This is the same agreement referred to in the Answer 1 above.

Q3. Page D 2, the fourth paragraph refers to the Mission's work in home-based care. Please provide more detail on these programs and who is implementing them.

A3. The Mission currently has an agreement with Catholic Relief Services (CRS) which runs through September 2005 to implement home-based care programs. Further detail on planned activities in home-based care can be found in the SO9 section of the USAID/Zambia Country Strategic Plan and related documents, available on the USAID/Zambia website referenced in the RFA.

Q4. On Page D 6 the Centers of Excellence are mentioned. Where are the Centers of Excellence to be located? Which are currently in existence, and which are planned? The term "Centers of Excellence" do not appear to be commonly used in the CBoH documents. How will they fit into the National Health Strategic Plan?

A4. Centers of Excellence refer to the nine hospital sites (1 per province) where the Government of Zambia is initially concentrating on developing comprehensive HIV/AIDS services and initiating anti-retroviral therapy in the public sector. As HIV/AIDS services are rolled out to other sites, it is anticipated that these nine sites will serve as centers for best practices and learning.

Q5. (a) Page D 6, objective 2, activity a. states "provide technical assistance and other inputs to implement the full package of PMTCT services (including Nevarapine) at an expanded number of sites. . ." Should the applicant include procurement of lab test kits, essential drugs ANC, ARVs, and OI prophylactics in the proposal, or will these items be received through USAID? Will "other inputs" include clinic renovations?

A5. Under PEPFAR it is anticipated that there will be a central procurement mechanism for procurement of pharmaceuticals and other commodities. Information on the timing for establishment of this mechanism and the specific drugs and supplies to be included is not yet available. The US government PEPFAR program in Zambia has also not yet finalized what we would procure from this mechanism and in what quantities. Applicants who believe that critical drugs and supplies are necessary for the implementation of their programs should budget for procurement of these for an interim period until the central mechanism is up and running. Needs after that point will be discussed with USAID and the Zambia PEPFAR team. Any planned procurement under the RFA, particularly for pharmaceuticals, must conform to current USAID and PEPFAR regulations, which could include the need to prepare waivers for certain items.

At this time USAID is expecting other US Government partners to take the lead in assisting in areas such as construction and clinic renovations—however, they may not be able to meet all the demand.

Q6. Page D 6, objective 2, activity b. states "provide technical assistance and other inputs to women identified as HIV+ through PMTCT services to ART services." Please clarify expectations on this activity. Does it go beyond providing ART? Usually technical assistance is provided in the context of an organizational relationship rather than to an individual.

A6. The program will provide technical assistance to the Government of Zambia to establish linkages between PMTCT programs and more comprehensive services for HIV treatment, including ART. The objective is to develop a continuum of care from entry points where HIV status is determined.

Q7. Page D 7, objective 3, activity e. mentions collaborating with "CDC and other collaborating partners to realize the GRZ's plans for the scale-up of high quality laboratory services." (Please clarify CDC's role in this project and provide information on the status of the project.)

A7. Currently the Center for Disease Control (CDC) provides assistance to national referral laboratories in Lusaka, in addition to assisting with quality assurance standards. The successful applicant will coordinate with any ongoing or future CDC assistance to laboratory capability to help ensure that all US Government partners working in complementary program areas or within the same facilities collaborate and coordinate their assistance to maximize its value.

Q8. Page D 7 objective 3, activity d. mentions the possibility of managing USAID's procured commodities. Should the applicant include a plan for drug procurement under this RFA? Are there plans for a drug waiver if procurement is expected?

A8. Please see answer to question 5. The exact design of the central procurement mechanism is not clear at this time. However, USAID does anticipate a role for the successful applicant to this RFA in assisting the PEPFAR Zambia team to decide on items and quantities to procure.

Q9. Page D 9, item C. Please clarify role of CHAZ and Kara Counseling in this RFA. Can they enter into exclusive agreements with a applicant?

A9. USAID does not intend for CHAZ or Kara Counseling (or the other organizations also noted as examples) to have exclusive agreements with any one applicant. USAID would like applicants to demonstrate how they can support local organizations working in HIV/AIDS such as CHAZ and Kara Counseling. This should not be interpreted as requiring the applicant to establish a formal subgrantee relationship with any of these organizations.

Q10. From my reading of the RFA, only one applicant will be chosen to provide comprehensive HIV services across the entire country in close collaboration with local government programs. Further, it would appear that a consortium built with the Zambian Ministry of Health at the center would be required to meet the program goals. Would it be possible for you to clarify and elaborate on this?

A10. There will only be one award. Individual organization applications or applications from consortia of organizations are both acceptable. The Ministry of Health (MoH) is one of the primary beneficiaries of the program and the successful applicant will work closely with them. However, it is not anticipated that the MoH would be a formal partner in a consortium of organizations submitting an application.

Q11. We are a locally based NGO in Zambia supporting children affected by HIV/AIDS. Would we qualify to apply for programme implementation or should we form more or less like a consortium with other similar NGO

A11. Individual organizations may apply for the program stated under the RFA. Applications from consortia of organizations are also acceptable.

Q12. The RFA on Section A, Page 1 requests that "Technical applications shall be submitted in an original and two (2) copies and costs portions of the applications in an original and two (2) copies. Is an electronic submission acceptable in lieu of hard copy?

A12. An electronic submission is not acceptable in lieu of a hard copy; however, electronic copies should also be submitted.

Q13. The RFA states on Section A, Page 3 that the Technical Approach is a maximum of 35 pages.

Does the 35-page limit include the charts or matrices used to present an overall implementation plan and draft year one work plan?

Does the 35 page limit include the charts used to present a monitoring and evaluation plan?

Does the 35 page limit include the Table of Contents referred to on Section A, Page 8?

A13. Charts and matrices for the implementation plan, the draft year one workplan and the monitoring and evaluation plan can be presented as annexes. The Table of Contents and any title page and/or list of acronyms does not count against the 35 pages.

Q14. The RFA states on Section A, page 6 that the Institutional Capacity and Past Performance section should be a "maximum 15 pages not including resumes." It requests applicants to "provide a list of all U.S. Government and/or privately funded contracts, in the last five years..." Are the past performance references to be included within the 15-page limitation or could they be included as an annex?

A14. Past performance references/lists can be provided in an annex.

Q15. The RFA states in Section A, page 9 that the financial plan should include “associated costs to outputs, i.e., results or tasks or milestones, which will enable USAID to determine cost-effectiveness and best value. Please clarify the reference to outputs.

A15. In regard to reference to outputs, USAD is referring to Program Objectives in Section C of the RFA.